

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



August 14, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-41

Extended Medi-Cal Eligibility for Former Foster Care Children (FFCC) 18 Through 20 Years of Age

The purpose of this letter is to inform counties that the Department of Health Services (DHS) is adding a new optional eligibility group for children who are in foster care under responsibility of the State on their 18th birthday and to provide the initial policies and procedures that apply to implementation of the new program.

BACKGROUND

The federal Foster Care Independence Act of 1999, which was enacted in December 1999, authorizes the State to provide continuing Medi-Cal eligibility for all children who are in foster care under the responsibility of the State on their 18th birthday. The eligibility continues until they reach 21 years of age. The law permits waiving any income or asset tests for this population. Anyone eligible for the extended Medi-Cal eligibility under this new program will be entitled to the full scope of benefits, including Early and Periodic Screening, Diagnosis, and Treatment services.

The addition of this new Medi-Cal eligibility category is part of the Governor's Mental Health Initiative for fiscal year 2000/2001. The new statute implementing the program, Welfare and Institutions Code Section 14005.28, specifies an effective date of October 1, 2000.

Currently, when transitioning out of foster care because of age, this population is now required to reapply for Medi-Cal as medically needy for the county to make a determination of whether they are eligible for any Medi-Cal program. Frequently, these young people may not understand the importance of the notices or become confused by the process for continuing medical care coverage and thus lose contact with the county and critical medical care services. Recent studies and reports on former foster children indicate that they have numerous medical and social needs which are unmet once they leave the foster care program. The federal law allowing states to continue zero share-of-cost Medi-Cal eligibility, and California's decision to adopt the option, is in

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response to the need to provide important health care to help these children make the transition from adolescence to adulthood by assuring that Medi-Cal coverage is continued.

ELIGIBILITY REQUIREMENTS

This new program continues eligibility for individuals who were in foster care under the responsibility of the State on their 18th birthday and it will continue until their 21st birthday. Persons in aid codes 40, 42, 4C, and 5K at the time of their 18th birthday will be eligible for the new program. Those who were in foster care on their 18th birthday and are still under the age of 21, but have been discontinued from foster care because of their age, are eligible for the program. The effective date of coverage would be no sooner than October 1, 2000.

There will be no income and resource test for this group, regardless of their living arrangements or with whom they reside. These persons will have no share of cost. A new aid code, 4M, has been created to accommodate this group. At age 18, these youths are to be transferred into aid code 4M and will retain the aid code until age 21, regardless of any change in circumstances, except residency. For example, if a FFCC returns to live with parents who are already Medi-Cal eligible, the parents will continue in their existing aid code and the FFCC would continue in the new aid code and in his/her own budget unit. If the FFCC has a child, the child will be determined Medi-Cal eligible based upon program eligibility rules applicable to the child. Even if other family members apply for the California Work Opportunity and Responsibility to Kids, the FFCC will not be affected since the other family members and their eligibility will be determined based on existing program rules, and the FFCC beneficiary will remain in aid code 4M, in a budget unit of one, as long as he/she continues to meet the criteria and wishes to maintain Medi-Cal coverage.

As with children in foster care, the choice of enrollment in a managed care health plan will be optional for this population, except when the beneficiary lives in a county organized health systems (COHS) county where enrollment is mandatory. When the beneficiary moves to another county, the 4M aid code follows him/her and the same rules apply as for children in foster care.

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The question has been raised as to whether children in the Kin-Guardian Assistance Program (Kin-GAP) are eligible for the program. They are not, since the Kin-GAP population is not considered foster care. The children on this program are no longer under state control and their foster care cases have been dismissed. The Kin-GAP program establishes a separate payment rate for children placed with relatives who obtain guardianship.

AID CODES

Foster care children who, on their 18th birthday, are in aid codes 40, 42, 4C or 5K are to be moved into aid code 4M. Those youths who are in foster care placement at 100 percent county expense, or who are undocumented alien children, are not eligible for the program; these populations will complete the normal Medi-Cal eligibility process to determine any continuing eligibility for any other Medi-Cal program.

IMPLEMENTATION

Implementation of the new program will be effective October 1, 2000. The county must transition the foster care youth to the extended Medi-Cal program on their 18th birthday without requiring the foster care youth or foster care parent to complete an application. This population must be transferred from foster care into the new program based on a review of the foster care case files. Because counties are organized in ways to meet their unique needs, we do not wish to specify a single method for completing this transfer to the new program. The Medi-Cal program staff must maintain a Medi-Cal case file for each FFCC until they reach 21 years or otherwise terminate from the program by moving out of state or notifying the county of a desire not to continue in the program.

Federal regulations require that all Medicaid beneficiaries be subject to an annual redetermination of eligibility by the State. Since all income and assets tests are waived for this group, the redetermination should be limited to verification of any remaining factors that affect eligibility, such as residency. The FFCC should submit information on change of residency when that occurs.

In order to disseminate information on this new program, and to attempt to reach and identify those FFCC who were terminated from foster care before October 1, 2000, the Department of Social Services and DHS will issue a joint letter explaining the program

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and the eligibility criteria to all county social service agencies, foster care provider groups, probation officers, foster care advocacy groups, and all other organizations that work and have contact with foster care and FFCC.

NOTICES OF ACTION AND OTHER FORMS

Notices of Action (NOAs) used to notify children of termination from foster care due to age must be amended to inform them of the automatic transfer to new extended Medi-Cal eligibility. Other Medi-Cal NOAs must also be modified to reflect the new program. DHS will work with DSS and the counties on the revision of these notices.

If you have questions regarding this program or letter, please contact Ken Martinez at (916) 657-0011 or Carl Miller at (916) 657-0562.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch